



Department of Defense INSTRUCTION

NUMBER 6025.15

October 12, 2000

ASD(HA)

SUBJECT: Implementation of Department of Defense Participation in the National Practitioner Data Bank (NPDB)

- References:
- (a) [DoD Directive 6025.13](#), "Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS)," July 20, 1995
 - (b) DoD Instruction 6025.15, "Implementation of Department of Defense Participation in the National Practitioner Data Bank (NPDB)," November 9, 1992 (hereby canceled)
 - (c) Sections 11131 through 11152 of title 42, United States Code
 - (d) Memorandum of Understanding (MOU) Between the Department of Health and Human Services (DHHS) and the Department of Defense, September 21, 1987
 - (e) through (l), see enclosure 1

1. REISSUANCE AND PURPOSE

This Instruction:

1.1. Under the authority of reference (a), reissues reference (b) to update definitions, policy, responsibilities and information requirements governing Department of Defense participation in the NPDB consistent with references (c), (d), and (e).

1.2. Specifies the content of confidential reports to the NPDB established under Part B of reference (c), and reporting responsibilities.

2. APPLICABILITY

This Instruction applies to:

2.1. The Office of the Secretary of Defense, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the Department of Defense (hereafter referred to collectively as "the DoD Components").

2.2. All healthcare personnel, who are in professions required to possess a license under reference (a) and/or who are granted individual clinical privileges.

3. DEFINITIONS

Terms used in this Directive are defined in enclosure 2.

4. POLICY

It is DoD Policy that:

4.1. Quality assurance review of potential instances of medical malpractice be completed.

4.1.1. A quality assurance review shall occur in every case involving a potential instance of medical malpractice. This includes every claim of alleged malpractice filed under the Federal Tort Claims Act (reference (f)), the Military Claims Act (reference (g)), or the Foreign Claims Act (reference (g)) relating to healthcare provided by a DoD facility or provider. It also includes every report from a Medical Evaluation Board operating under DoD Instruction 1332.38 (reference (h)) of a case in which disability of a military member appears to have resulted from medical or dental care.

4.1.2. Except in cases clearly lacking a substantive basis for evaluation, the quality assurance review shall include a professional review of the care and an opinion as to whether the standard of care was met or not met, an evaluation of any other processes and factors relating to the case, and a reasonable opportunity for the practitioners significantly involved to provide written comments. The opportunity for a significantly involved practitioner to provide written comments is not part of any

formal proceeding or adverse action process and no due process procedures apply to this opportunity to comment.

4.2. Information in paid malpractice cases be reported to the NPDB.

4.2.1. Whenever a malpractice payment is made for the benefit of a healthcare practitioner, a report shall be made to the NPDB in the name of the practitioner.

4.2.2. A malpractice payment is presumed to be made for the benefit of a healthcare practitioner in all cases in which a malpractice payment is made. This presumption becomes conclusive 180 days after the Surgeon General concerned receives notice of such payment unless, prior to that date, the Surgeon General makes a final determination that the malpractice payment was not caused by the failure of any practitioner(s) significantly involve to meet the standard of care.

4.2.3. The process for the Surgeon General to make the final determination referred to in subparagraph 4.2.2. is as follows (with additional requirements established in paragraph 4.4.).

4.2.3.1. The Surgeon General first makes a preliminary determination on whether the malpractice payment was or was not caused by the failure of one or more practitioners to meet the standard of care. The preliminary determination is based on the results of the quality assurance review referred to in paragraph 4.1., available summary information concerning the disposition of the claim (whether an administrative settlement from the claims service involved, a litigation settlement obtained by the Department of Justice, or a litigation judgment), and information and comments provided by the involved providers.

4.2.3.2. If the Surgeon General's preliminary decision is that the malpractice payment was not caused by the failure of any practitioner to meet the standard of care, the case file, including all relevant information, will be forwarded for external peer review to the peer reviewer, external to the Department of Defense, designated by the Assistant Secretary of Defense (Health Affairs). This includes cases in which the preliminary decision is that "system problems," rather than the failure of significantly involved practitioners to meet the professional standard of care, were responsible for the malpractice payment. The external peer reviewer will provide to the Surgeon General an opinion on whether or not the standard of care was met for each involved provider and address the issue of causation. A copy of the report will

also be forwarded to the Department of Legal Medicine; to include the reviewer's Curriculum Vitae and other pertinent information.

4.2.3.3. Based on the preliminary determination and the external peer review opinion, the Surgeon General will make a final determination on whether or not the malpractice payment was caused by the failure of any practitioner to meet the standard of care. If the Surgeon General's final determination is that the malpractice payment was not caused by the failure of any practitioner to meet the standard of care, the presumption referred to in subparagraph 4.2.2. is overcome and no report is made to the NPDB.

4.2.3.4. In any case in which the 180-day period referred to in subparagraph 4.2.2. expires without the Surgeon General concerned making a final determination that the malpractice payment was not caused by the failure of any practitioner(s) to meet the standard of care, a report shall be made in the name(s) of the significantly involved practitioner(s). If thereafter, the Surgeon General concerned makes a final determination that the malpractice payment was not caused by the failure of such practitioner(s) to meet the standard of care, the report shall not be removed. It shall be amended by adding a comment that the Surgeon General determined that the malpractice payment was not caused by the failure of the practitioner to meet the standard of care.

4.2.4. The Surgeons General shall provide quarterly to the DoD Risk Management Committee for review, management information outlining the number of malpractice payments, the number and results of external peer review, the number of reports submitted to the National Practitioner Data Bank, timeliness of the reports, any backlog, and any problems with reporting.

4.3. Information in Feres Barred Cases be reported to the Defense Practitioner Data Bank (DPDB).

4.3.1. When a determination is made that disability system or other payments will be made because of personal injury or death of a member of a Uniformed Service caused by the failure of a practitioner to meet the professional standard of care, a report shall be made by the Surgeon General to the DPDB in the name of the practitioner. The report is made when a determination is made that the disability system or payments will be made because of personal injury or death of a member of a Uniformed Service caused by the failure of a practitioner to meet the professional standard of care.

4.3.2. In any case in which there is specific, credible evidence that a report should be made under subparagraph 4.3.1., a presumption is created that a report is required. This presumption becomes conclusive in 180 days unless prior to that date the Surgeon General makes a final determination that the standard of care was met by the practitioner(s) significantly involved.

4.3.2.1. Specific credible evidence exists when:

4.3.2.1.1. A Medical Evaluation Board reports to the Surgeon General concerned that a member whose medical impairments require referral to a Physical Evaluation Board under DoD Instruction 1332.38 (reference (h)) may have incurred such impairments as a result of medical care provided in a medical treatment facility and/or dental treatment facility and such impairments are subsequently determined to require separation or retirement of the member because of physical disability. The 180-day period referred to in subparagraph 4.3.2. begins on the date of such separation or retirement. The Medical Evaluation Board shall report the case, together with full documentation, to the Surgeon General concerned.

4.3.2.1.2. A medical examiner designated by the Armed Forces Medical Examiner under DoD Directive 5154.24 (reference (i)) determines that a member may have died as a result of medical care provided in a medical treatment facility and/or dental treatment facility and reports such determination to the Surgeon General concerned. The 180-day period referred to in subparagraph 4.3.2. begins on the date of the medical examiner's report. The medical examiner shall report such determination, together with full documentation, to the Surgeon General concerned.

4.3.2.1.3. A Surgeon General concerned otherwise becomes aware of circumstances indicating the probability that the disability system will be utilized or other payments will be made because of personal injury or death of a member of a Uniformed Service caused by the failure of a practitioner to meet the professional standard of care.

4.3.3. The process for the Surgeon General to make the final determination referred to in subparagraph 4.3.2. shall be comparable to the process established by subparagraph 4.2.3. for malpractice payment cases (although the case file will not include tort claim information). The process shall include external peer review. Any report, when required, is made to the DPDB, rather than the NPDB. The additional requirements of paragraph 4.4. shall also apply.

4.3.4. During credentials and prospective clinical privileges evaluations of practitioners, Military Treatment Facility (MTF) and Dental Treatment Facility (DTF) commanders will review data concerning determinations of personal inquiry or death of a member of a Uniformed Service caused by the failure of a practitioner to meet the professional standard of care.

4.4. Additional requirements pertaining to payment case reports. The following additional requirements apply to the reporting processes established under paragraphs 4.2. and 4.3.

4.4.1. When a healthcare trainee is a significantly involved practitioner subject to a report under paragraphs 4.2. or 4.3., the attending practitioner responsible (not the trainee) for the delivered care shall be reported to the NPDB and DPDB. If the Surgeon General makes a specific finding that the attending practitioner clearly met all reasonable standards of supervision and the trainee's act or omission was not reasonably foreseeable by the attending practitioner, then the trainee (not the attending practitioner) shall be reported to the NPDB and DPDB.

4.4.2. In general, responsibilities of a Surgeon General under paragraphs 4.2., 4.3., and subparagraph 4.4.1. may be delegated to one or more senior officers in the Surgeon General's chain of command. When the external peer review opinion is that the practitioner did not meet the standard of care, the authority to make a final decision may only be exercised by the Surgeon General and may not be delegated. Any such decision shall be reported to the Assistant Secretary of Defense (Health Affairs).

4.4.3. Confidentiality of external peer review opinion. External peer review reports under paragraphs 4.2. and 4.3. are confidential quality assurance records under 10 U.S.C. 1102 (reference (j)) and DoD Directive 6040.37 (reference (k)). The reports may be used and disclosed only as authorized therein.

4.4.4. Each Surgeon General shall make an annual summary report to the Chairman of the Department of Legal Medicine as directed by the Assistant Secretary of Defense (Health Affairs) regarding determinations made under paragraphs 4.2. and 4.3.

4.5. Reports to the NPDB and DPDB of adverse privileging actions. Reports shall be made to the NPDB and DPDB in cases of adverse privileging actions in accordance with the following guidelines:

4.5.1. The Surgeon General shall report to NPDB and DPDB all final adverse privileging actions consistent with the National Practitioner Data Bank reporting. Reporting shall occur within 30 calendar days of the date of Surgeon General approval of the adverse privileging action.

4.5.2. The Surgeon General shall report adverse privileging actions taken against providers with alcohol and/or chemical-related impairments who do not self-refer into a rehabilitation program, or those who self-refer but do not complete the rehabilitation program.

4.5.3. The Surgeons General shall provide, at least annually to the DoD Risk Management Committee for review, management information outlining the number of adverse privileging actions taken, the number reported to the National Practitioner Data Bank, the timeliness of the reports, any backlog, and any problems with reporting.

4.5.4. Practitioners shall have benefit of due process procedures for professional review activities under requirements of the Military Departments' regulations and healthcare entity professional staff by-laws in cases of adverse clinical privileging actions.

4.5.5. Information on professional review actions or adverse privileging actions for physicians and dentists shall be reported to the appropriate State licensing boards, professional boards, Federation of State Medical Boards (FSMB), the NPDB and the DPDB. Other healthcare practitioners shall be reported in the same manner except for the NPDB, which does not require reporting of adverse actions for other healthcare practitioners. Other healthcare practitioners shall be reported to the NPDB for privileging actions only after the Assistant Secretary of Defense (Health Affairs) notifies the Military Departments to begin submitting reports on specific practitioner categories.

4.5.6. Privileging actions resulting from a provider's medical disability that affects or could affect adversely the health or welfare of a patient or patients shall be reported to the NPDB.

4.5.7. A practitioner who separates from active duty or whose business relationship with the Department of Defense ends, and whose clinical privileges are suspended at the time, shall be reported to the NPDB and appropriate State licensing boards. Clarifying or correcting notification of the NPDB and State licensing boards shall be made, if indicated, following completion of hearing procedures.

4.6. Querying the NPDB. The NPDB shall be queried during the accessioning process of a healthcare providers, and at least every 24 months thereafter as a part of the Military Medical Departments' reprivilaging procedures.

4.7. Other reports to the DPDB. The Surgeons General shall report to the DPDB such other information concerning malpractice claims and related activities as the Assistant Secretary of Defense (Health Affairs) may direct.

5. RESPONSIBILITIES

5.1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall:

5.1.1. Ensure that the policy established by this Instruction is implemented.

5.1.2. Establish with the Department of Health and Human Services an appropriate memorandum of understanding or otherwise formalize DoD participation in the NPDB.

5.1.3. Have the authority to authorize exceptions to requirements of this Instruction, if necessary. Such exceptions can be obtained by contacting the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) with justification and explanation.

5.2. The Secretaries of the Military Departments shall implement this Instruction.

5.3. The Armed Forces Institute of Pathology (AFIP) (Department of Legal Medicine) shall maintain and continually analyze the Defense Practitioner Data Bank. This shall consist of a risk management database of all available closed medical malpractice cases involving the Department of Defense, other payment cases reported under this Instruction, and an adverse clinical privilege actions database involving military healthcare providers to ensure capability for evaluating experience with such settlements and actions. Data maintained in the DPDB are medical quality assurance records under 10 U.S.C. 1102 (reference (j)) and shall be maintained confidential in accordance with DoD Directive 6040.37 (reference (k)).

5.4. The DoD Risk Management Committee shall be the primary oversight body of OASD(HA)/TMA for monitoring reporting of malpractice and adverse privileging actions to the National Practioner Data Bank and the Dental Practioner Data Bank.

6. PROCEDURES

6.1. Military Department procedures include the following:

6.1.1. Healthcare entity clinical privileging and malpractice reports shall be forwarded, through intermediate and higher commands, to the Office of the Surgeon General (OTSG) using DD Form 2499, "Health Care Practitioner Action Report" (enclosure 3) or DD Form 2526, "Case Abstract for Malpractice Claims" (enclosure 4). Previous editions of DD Form 2499 and DD Form 2526 are obsolete.

6.1.2. The OTSG shall complete and send the appropriate forms, per section 7., below, to the NPDB. In addition, the information necessary to complete either DD Form 2499 or DD Form 2526, as appropriate, shall be forwarded to the Department of Legal Medicine. Reports made to the DPDB under subparagraph 4.3.3. shall be made using DD Form 2526. Submission of information to the AFIP shall be accomplished electronically when possible.

6.1.3. MTF and DTF commanders shall ensure that the NPDB is queried during the accessioning process for a healthcare provider and at least every 24 months thereafter. Information from those queries shall be given to all facilities to which the provider is ordered for either permanent or temporary duty during the 24 months.

6.1.4. Permission shall be withdrawn from a provider who had previously been granted permission to engage in off-duty employment, and who is either appealing a decision to limit or suspend part or all of his or her clinical privileges or the decision to not fully restore clinical privileges. The provider shall be notified of such withdrawal. No new permission shall be granted during the appeal process. Additionally, the appropriate officials at the place of employment shall be notified that permission to engage in off-duty employment has been withdrawn.

6.1.5. When a report is sent to the NPDB or DPDB under paragraph 4.3., a copy shall be provided to the healthcare professional, unless he or she cannot be located with reasonable effort.

6.2. Department of Legal Medicine procedures include the following:

6.2.1. The Department of Legal Medicine shall receive, collate, and analyze risk management data provided by the individual Military Departments. The Department of Legal Medicine shall in turn establish, maintain, and submit to the

OASD(HA) on a regular basis or as requested, statistical information and reports on all available administrative or completed legal cases that arise from allegations of negligence in DoD MTFs or activities. Data describing adverse clinical privilege actions taken against military healthcare providers shall be, likewise, analyzed and reported to the OASD(HA). These reports shall consist of risk management data and adverse clinical privilege action data and should be shared with the DoD TRICARE Quality Council through the DoD Risk Management Committee.

6.2.2. The professional staff in the Department of Legal Medicine shall conduct analyses and research on data referenced in subparagraph 6.2.1., above, to assist the OASD(HA) in implementing policy changes designed to improve the quality of healthcare. The Department of Legal Medicine shall provide assistance in educational programs, reports, and publications that will assist Federal healthcare providers in meeting continuing medical education requirements in risk management and selected areas of quality improvement.

6.2.3. The Department of Legal Medicine shall maintain a registry of closed malpractice files. This shall include all Standard Forms 95 and associated legal documents and medical (dental) records.

6.2.4. The Department of Legal Medicine shall maintain a collaborative relationship with the United States Department of the Treasury, and obtain monthly paid claim information from the Financial Management Service, Judgement Fund Branch of the Treasury. The Department of Legal Medicine shall report to the three Offices of the Surgeon General as well as the interested legal parties within the Department of Defense and the Department of Justice.

6.2.5. The Department of Legal Medicine shall monitor the reports performed by external review.

6.2.6. The Department of Legal Medicine shall collaborate to the extent possible with other Federal Agencies and the private sector in order to obtain and develop appropriate civilian medical malpractice data for use by the Department of Defense.

7. INFORMATION REQUIREMENTS

7.1. Information reported to the NPDB shall be submitted through the Integrated Query and Reporting Service (IQRS) over the World Wide Web, which may be accessed at www.npdb.hipdb.com. Paper forms are no longer accepted for

processing. Complete the below listed forms as appropriate: HRSA-529 (3/90), "Medical Malpractice Payment Report," HRSA-530 (3/90), "Adverse Action Report," or HRSA-531 (3/90), "Additional Information." Requests for information from the NPDB shall be by use of HRSA-532 (3/90), "Request For Information Disclosure," and/or HRSA-532-1 (3/90), "Request for Information Disclosure - Supplement."

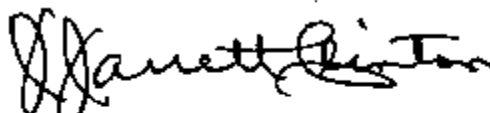
7.2. Reports to Department of Legal Medicine at the AFIP shall be submitted through electronic means, when available. When electronic submission is not possible, DD Form 2499 and DD Form 2526 shall be used, as appropriate.

7.3. DD Form 2499, "Health Care Practitioner Action Report," has been assigned report Control Symbol DD-HA(AR)1611 in accordance with DoD 8910.1-M (reference (1)).

7.4. DD Form 2526, "Case Abstract for Medical Claims," has been assigned Report Control Symbol DD-HA(AR)1782 in accordance with DoD 8910.1-M (reference (1)).

8. EFFECTIVE DATE

This Instruction is effective immediately.



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Acting Assistant Secretary of Defense
(Health Affairs)

Enclosures - 4

- E1. References, continued
- E2. Definitions
- E3. Sample DD Form 2499, "Health Care Practitioner Action Report"
- E4. Sample DD Form 2526, "Case Abstract for Malpractice Claims"

E1. ENCLOSURE 1

REFERENCES, continued

- (e) Title 45 of the Code of Federal Regulations, Part 60, "National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners" (DHHS regulations)
- (f) Sections 1346(b) and 2671-80(h) of title 28, United States Code, "Federal Tort Claims Act"
- (g) Chapter 163 of title 10, United States Code, "Military Claims"
- (h) [DoD Instruction 1332.38](#), "Physical Disability Evaluation," November 14, 1996
- (i) [DoD Directive 5154.24](#), "Armed Forces Institute of Pathology," October 28, 1996
- (j) Section 1102, title 10, United States Code
- (k) [DoD Directive 6040.37](#), "Confidentiality of Medical Quality Assurance Records," July 9, 1996
- (l) [DoD 8910.1-M](#), "DoD Procedures for Management of Information Requirements," June 1998

E2. ENCLOSURE 2

DEFINITIONS

E2.1. INCORPORATION OF DEFINITIONS FOUND IN DoD DIRECTIVE 6025.13

Definitions contained in DoD Directive 6025.13 (reference (a)) are applicable to terms used in this Instruction.

E2.2. ADDITIONAL DEFINITIONS

The additional definitions that follow are also applicable to terms used in this Instruction.

E2.2.1. Abeyance. The temporary assignment of a provider from clinical duties to non-clinical duties while an internal or external peer review or quality assurance investigation is conducted. Abeyance cannot exceed 30 days. Abeyance is not considered an adverse privileging action.

E2.2.2. Defense Practitioner Data Bank (DPDB). The automated information system maintained by the Department of Legal Medicine of the Armed Forces Institute of Pathology. It shall consist of data on professional competence and conduct of physicians, dentists, and other licensed healthcare providers including data on malpractice claims. It also includes cases in which disability system or other payments are made because of personal injury or death of a member of a Uniformed Service caused by the failure of a practitioner(s) to meet the professional standard of care.

E2.2.3. Denial of Privileges. Refusal to grant requested privileges to a provider. This could occur at initial application of privileges or when renewal of privileges is requested. Denial of privileges because of professional incompetence or misconduct is reportable to the NPDB.

E2.2.4. Department of Legal Medicine. The Department of Legal Medicine of the Armed Forces Institute of Pathology (reference (i)).

E2.2.5. Feres Barred Cases. Cases of actual or alleged medical malpractice torts for which Federal court jurisdiction is not available under the Federal Tort Claims Act (reference (f)) based on the Supreme Court decision in *Feres v. United States*, 340 U.S.

135 (1950), (and/or similar cases) that the military disability system and other compensation programs, rather than tort litigation, provided the exclusive remedies for military members killed or injured incident to Military Service. Although payments under such military compensation programs that are a result of medical care are not malpractice payments under NPDB rules, this Instruction requires that they be reviewed for reporting to the Defense Practitioner Data Bank. (NOTE: Although the "*Feres* doctrine" applies to all tort cases, not just medical malpractice cases, the term "*Feres* barred cases" in this Instruction refers only to actual or alleged torts involving medical malpractice.)

E2.2.6. Healthcare Entity. A hospital, ambulatory health clinic, or dental clinic with an independent healthcare practitioner staff that provides healthcare to medical or dental patients and carries out professional staff review. The term also includes applicable professional staff components of each Military Department, as designated by the respective Surgeon General, that also perform peer reviews as part of the quality assurance and/or quality improvement program.

E2.2.7. Healthcare Trainee. Any resident, intern, or other healthcare provider in a formal healthcare training status.

E2.2.8. Limitation of Privileges. Limitation of privileges is not a valid adverse privileging action per the NPDB guidelines. See entries for reduction and restriction of privileges, which are reportable adverse privileging actions.

E2.2.9. Notice of Payment. The elements for notice of payment provide the necessary elements for processing the file and submission of a report to the NPDB. These elements are as follows:

E2.2.9.1. Patient name, case number, and date of incident.

E2.2.9.2. Outcome.

E2.2.9.3. Payment or denial date and amount (if any).

E2.2.9.4. Basis for the disposition.

E2.2.9.5. Names of practitioners associated with the incident, and whether those practitioners breached the standard of care based on Judge Advocate General Medical Reviews.

E2.2.9.6. Copies of any medical reviews done in support of the malpractice payment.

E2.2.10. Malpractice Payment. A monetary award under the authority of the Federal Tort Claims Act (reference (f)), the Military Claims Act (reference (g)), or the Foreign Claims Act (reference (g)) relating to the provision of healthcare services under the organizational responsibility of the Department of Defense.

E2.2.11. Professional Review. A process to monitor, review, and evaluate the standard of care or quality of care given by a healthcare provider within a healthcare entity.

E2.2.12. Reduction in Privileges. The permanent removal of a portion of a provider's clinical privileges. The reduction of privileges may be based on misconduct, physical impairment, or other factors limiting a provider's capability. Reduction in privileges is reportable to the NPDB.

E2.2.13. Reinstatement of Privileges. A revision to an adverse privileging action taken that restores all or a portion of the provider's clinical privileges. Reinstatement of privileges is reportable to the NPDB.

E2.2.14. Restriction of Privileges. A temporary or permanent limit placed on all or a portion of the provider's clinical privileges so the provider is required to obtain concurrence before providing all or some specified healthcare procedures within the scope of his or her certification, license, or registration. The restriction may require some type of supervision. Restriction of privileges is reportable to the NPDB.

E2.2.15. Revocation of Privileges. The permanent removal of all clinical privileges of a healthcare provider. In most cases, such action may be followed by action to terminate the provider's DoD service. Revocation of privileges is reportable to the NPDB.

E2.2.16. Significantly Involved Practitioners. Practitioners who (based on medical record entries) actively delivered care in primary or consultative roles during the episode(s) of care that gave rise to the allegation, regardless of the standard of care determination.

E2.2.17. Standard of Care. Healthcare diagnostic or treatment judgments and actions of a provider generally accepted in the healthcare discipline or specialty involved as reasonable and appropriate.

E2.2.18. Summary of Suspension (or Summary of Action of Suspension) of Privileges. The temporary removal of all or part of a provider's privileges, taken prior to the completion of due process procedures, based on peer assessment or command that the action is needed to protect patients or the integrity of the command resulting from cases involving the temporary removal from cases, professional or behavioral impairment or negligence. A summary suspension could continue until due process procedures are completed. Summary suspension of privileges within the Department of Defense is not reportable to the NPDB, unless the final action is reportable.

E2.2.19. Suspension of Privileges. The temporary removal of all or part of a provider's privileges resulting from incompetence, negligence, or unprofessional conduct after due process procedures are completed. Suspension of privileges is reportable to the NPDB.

E3. ENCLOSURE 3

Sample DD Form 2499, "Healthcare Practitioner Action Report"

HEALTH CARE PRACTITIONER ACTION REPORT		1. DATE OF REPORT (YYYYMMDD)		REPORT CONTROL SYMBOL DD-HA(AR)1782	
2. TYPE OF REPORT (X one)		3. DATE OF ACTION (YYYYMMDD)		4. EFFECTIVE DATE OF ACTION (YYYYMMDD)	
a. INITIAL		c. REVISION TO ACTION			
b. CORRECTION OR ADDITION		d. VOID PREVIOUS REPORT			
5. MEDICAL TREATMENT FACILITY (MTF)					
a. NAME		b. ADDRESS (Street, City, State, ZIP Code)		c. DMIS CODE	
6. PRACTITIONER INFORMATION					
a. NAME (Last, First, Middle)		b. SSN		c. DATE OF BIRTH (YYYYMMDD)	
d. NAME OF PROFESSIONAL SCHOOL ATTENDED		(1) United States (2) Foreign		e. DATE GRADUATED (YYYYMMDD)	
f. STATUS (X one)					
<input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (5) Civilian GS <input type="checkbox"/> (7) Partnership External <input type="checkbox"/> (9) Non-Personal Services Contract <input type="checkbox"/> (2) Navy <input type="checkbox"/> (4) PHS <input type="checkbox"/> (6) Partnership Internal <input type="checkbox"/> (8) Personal Services Contract					
g. SOURCE OF ACCESSION (X all that apply)					h. PAY GRADE
(1) Military					(2) Civilian
<input type="checkbox"/> (a) Volunteer <input type="checkbox"/> (d) National Guard <input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program <input type="checkbox"/> (e) Reserve <input type="checkbox"/> (c) Uniformed Services University of Health Sciences <input type="checkbox"/> (f) Other (Specify)					<input type="checkbox"/> (a) Civil Service <input type="checkbox"/> (b) Contracted <input type="checkbox"/> (c) Consultant <input type="checkbox"/> (d) Foreign National (Local Hire) <input type="checkbox"/> (e) Other (Specify)
i. FEDERAL DEA NUMBER (If known)					
j. LICENSING INFORMATION					
(1) State of License		(2) License Number		(1) State of License	
				(2) License Number	
S A M P L E					
7. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)					
a. PHYSICIAN DEGREE		M.D. (010)		D.O. (020)	
(1) Highest Level of Specialization					
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (c) In Residency (015/025) <input type="checkbox"/> (d) No Residency					
(2) Primary Specialty		(h) Internal Medicine (Continued)		(t) Surgery, General (Continued)	
<input type="checkbox"/> (a) In Training <input type="checkbox"/> (b) General Practice (GMO) <input type="checkbox"/> (c) Anesthesiology <input type="checkbox"/> (d) Aviation Medicine <input type="checkbox"/> (e) Dermatology <input type="checkbox"/> (f) Emergency Medicine <input type="checkbox"/> (g) Family Practice <input type="checkbox"/> (h) Internal Medicine		<input type="checkbox"/> (h.c) Infectious Disease <input type="checkbox"/> (h.d) Nephrology <input type="checkbox"/> (h.e) Pulmonary <input type="checkbox"/> (h.f) Rheumatology <input type="checkbox"/> (h.g) Tropical Medicine <input type="checkbox"/> (h.h) Allergy/Immunology <input type="checkbox"/> (h.i) Cardiology <input type="checkbox"/> (h.j) Endocrinology		<input type="checkbox"/> (l) Otorhinolaryngology <input type="checkbox"/> (m) Orthopedics <input type="checkbox"/> (n) Pathology <input type="checkbox"/> (o) Pediatrics <input type="checkbox"/> (p) Physical Medicine <input type="checkbox"/> (q) Preventive Medicine <input type="checkbox"/> (r) Psychiatry <input type="checkbox"/> (s) Radiology <input type="checkbox"/> (t) Surgery, General <input type="checkbox"/> (t.a) Cardio-Thoracic <input type="checkbox"/> (t.b) Colon-Rectal <input type="checkbox"/> (t.c) Neurosurgery	
<input type="checkbox"/> (h.a) Gastroenterology <input type="checkbox"/> (h.b) Hematology - Oncology		<input type="checkbox"/> (i) Neurology <input type="checkbox"/> (j) Obstetrics/Gynecology <input type="checkbox"/> (k) Ophthalmology		<input type="checkbox"/> (t.d) Oncology <input type="checkbox"/> (t.e) Pediatric <input type="checkbox"/> (t.f) Peripheral Vascular <input type="checkbox"/> (t.g) Plastic <input type="checkbox"/> (u) Underseas Medicine <input type="checkbox"/> (v) Urology <input type="checkbox"/> (w) Intensivist <input type="checkbox"/> (x) Neonatologist <input type="checkbox"/> (y) Other (Specify)	
(3) Board Certification(s)					
b. DENTIST		DENTIST (030)			
(1) Highest Level of Specialization					
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (c) In Residency (035) <input type="checkbox"/> (2) Primary Specialty <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (d) No Residency <input type="checkbox"/> (a) General Dental Officer <input type="checkbox"/> (c) Other (Specify) <input type="checkbox"/> (b) Oral Surgeon					
(3) Board Certification(s)					
c. OTHER PRACTITIONERS		OTHER PRACTITIONERS			
<input type="checkbox"/> Audiologist (400) <input type="checkbox"/> Clinical Dietician (200) <input type="checkbox"/> Clinical Pharmacist (050) <input type="checkbox"/> Clinical Psychologist (370) <input type="checkbox"/> Clinical Social Worker (300)		<input type="checkbox"/> Nurse Anesthetist (110) <input type="checkbox"/> Nurse Midwife (120) <input type="checkbox"/> Nurse Practitioner (130) <input type="checkbox"/> Occupational Therapist (410) <input type="checkbox"/> Optometrist (636) <input type="checkbox"/> Physical Therapist (430) <input type="checkbox"/> Physician Assistant (642) <input type="checkbox"/> Podiatrist (350) <input type="checkbox"/> Speech Pathologist (450)			
		<input type="checkbox"/> Registered Nurse (100) <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Other (Specify)			

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8. ACTION TAKEN		
a. PRIVILEGING ACTIONS TAKEN/REASON CODE (See Page 3, Item 14a)	b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES (See Page 3, Item 14b)	c. LENGTH OF ACTION (In months)
NONE	NONE	
d. LIST HOW AND WHY WHAT PRIVILEGES ARE AFFECTED BY THE ACTION:		
S A M P L E		
e. OTHER ACTIONS TAKEN (X all that apply)		
<input type="checkbox"/> (1) Review	<input type="checkbox"/> (3) Retraining	<input type="checkbox"/> (5) Separated for Cause
<input type="checkbox"/> (2) Rehabilitation	<input type="checkbox"/> (4) On-the-Job Training	<input type="checkbox"/> (6) Fired/Terminated
		<input type="checkbox"/> (7) Separated <input type="checkbox"/> (9) Retired
		<input type="checkbox"/> (8) Resigned <input type="checkbox"/> (10) Other
9. CIVILIAN CONTRACTOR NAME		
10. PRACTITIONER'S LAST KNOWN ADDRESS OR HOME OF RECORD (Street, Apartment/Suite Number, City, State, ZIP Code)		11. MEDICAL TREATMENT FACILITY (MTF) POINT OF CONTACT
		a. NAME (Last, First, Middle Initial)
		b. TELEPHONE NUMBER (Include Area Code)
12. REMARKS		
13. OFFICE OF THE SURGEON GENERAL (OTSG) INDIVIDUAL SUBMITTING REPORT		
a. NAME (Last, First, Middle Initial)	b. TITLE	b. TELEPHONE NUMBER
d. ADDRESS Office of the Surgeon General	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)
INSTRUCTIONS (All other items are self-explanatory.)		
2b. Correction or Addition. An administrative change intended to supersede or add information to the contents of the current version of a report.		
2c. Revision to Action. A new action which is related to and modifies a previously submitted adverse action.		
3. Date of Action. Enter the date of formal approval of the MTFs action as indicated by the OTSG.		
4. Effective Date of Action. Enter the date on which the action became effective.		
14a. Privileging Actions Taken/Reason. This entry is equivalent to NPDB's Adverse Action Classification Code.		

14a. PRIVILEGING ACTIONS TAKEN/REASON CODES	
<p>610 REVOCATION - CLINICAL PRIVILEGES</p> <p>610.01 Alcoholism and Other Substance Abuse 610.02 Incompetence/Malpractice/Negligence 610.03 Narcotics Violations 610.04 Felony 610.05 Fraud 610.10 Unprofessional Conduct 610.20 Mental Disorder 610.30 Allowing Unlicensed Person to Practice 610.50 Disciplinary Action Taken in Another State 610.70 Violated Previous Action 610.80 Physical Impairment 610.90 Other</p>	<p>645 OTHER RESTRICTION - CLINICAL PRIVILEGES</p> <p>645.01 Alcoholism and Other Substance Abuse 645.02 Incompetence/Malpractice/Negligence 645.03 Narcotics Violations 645.04 Felony 645.05 Fraud 645.10 Unprofessional Conduct 645.20 Mental Disorder 645.30 Allowing Unlicensed Person to Practice 645.50 Disciplinary Action Taken in Another State 645.70 Violated Previous Action 645.80 Physical Impairment 645.90 Other</p>
<p>630 SUSPENSION - CLINICAL PRIVILEGES</p> <p>630.01 Alcoholism and Other Substance Abuse 630.02 Incompetence/Malpractice/Negligence 630.03 Narcotics Violations 630.04 Felony 630.05 Fraud 630.10 Unprofessional Conduct 630.20 Mental Disorder 630.30 Allowing Unlicensed Person to Practice 630.50 Disciplinary Action Taken in Another State 630.70 Violated Previous Action 630.80 Physical Impairment 630.90 Other</p>	<p>650 DENIAL (ORIGINAL OR SUBSEQUENT) - CLINICAL PRIVILEGES</p> <p>650.01 Alcoholism and Other Substance Abuse 650.02 Incompetence/Malpractice/Negligence 650.03 Narcotics Violations 650.04 Felony 650.05 Fraud 650.10 Unprofessional Conduct 650.20 Mental Disorder 650.30 Allowing Unlicensed Person to Practice 650.50 Disciplinary Action Taken in Another State 650.70 Violated Previous Action 650.80 Physical Impairment 650.90 Other</p>
<p>635 VOLUNTARY SURRENDER OF ALL PRIVILEGES WHILE UNDER INVESTIGATION FOR INCOMPETENCE OR MISCONDUCT OR TO AVOID SUCH INVESTIGATION - CLINICAL PRIVILEGES</p> <p>635.01 Alcoholism and Other Substance Abuse 635.02 Incompetence/Malpractice/Negligence 635.03 Narcotics Violations 635.04 Felony 635.05 Fraud 635.10 Unprofessional Conduct 635.20 Mental Disorder 635.30 Allowing Unlicensed Person to Practice 635.50 Disciplinary Action Taken in Another State 635.70 Violated Previous Action 635.80 Physical Impairment 635.90 Other</p>	<p>680 - 699 REVISION TO ACTION - CLINICAL PRIVILEGES</p> <p>680.00 Reinstatement, Complete 681.00 Reinstatement, Conditional 689.00 Reinstatement, Denied 690.00 Partial Reinstatement of Privileges - Reduction of Previous Action 695.00 Extension of Previous Action 699.00 Reversal of Previous Action Due to Appeal or Review</p>
<p>640 REDUCTION IN PRIVILEGES - CLINICAL PRIVILEGES</p> <p>640.01 Alcoholism and Other Substance Abuse 640.02 Incompetence/Malpractice/Negligence 640.03 Narcotics Violations 640.04 Felony 640.05 Fraud 640.10 Unprofessional Conduct 640.20 Mental Disorder 640.30 Allowing Unlicensed Person to Practice 640.50 Disciplinary Action Taken in Another State 640.70 Violated Previous Action 640.80 Physical Impairment 640.90 Other</p>	<p>14b. ACTIONS OTHER THAN PRIVILEGING (ADMINISTRATIVE)/ REASON CODES</p> <p>810.01 Alcoholism and Other Substance Abuse 810.02 Referral for Courts Martial 810.03 Narcotics Violations 810.04 Felony 810.05 Fraud 810.10 Unprofessional Conduct 810.20 Mental Disorder 810.30 Allowing Unlicensed Person to Practice 810.50 Disciplinary Action Taken in Another State 810.70 Violated Previous Action 810.80 Physical Impairment 810.90 Other</p>

E4. ENCLOSURE 4

Sample DD Form 2526, "Case Abstract for Malpractice Claims"

CASE ABSTRACT FOR MALPRACTICE CLAIMS		1. DATE OF REPORT (YYYYMMDD)	2. CLAIMANT LAST NAME	REPORT CONTROL SYMBOL DD-HA(AR)1782
3. TYPE OF REPORT (X one)			4. DATES OF ACT(S) OR OMISSION(S) (YYYYMMDD)	
<input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CORRECTION OR ADDITION <input type="checkbox"/> c. REVISION TO ACTION <input type="checkbox"/> d. VOID PREVIOUS REPORT			<input type="checkbox"/> a. BEGINNING DATE <input type="checkbox"/> b. ENDING DATE	
5. DATE CLAIM FILED (YYYYMMDD)	6. DATE OF JUDGMENT OR SETTLEMENT (YYYYMMDD)	7. MEDICAL TREATMENT FACILITY		
		a. NAME		b. DMIS CODE
8. PRACTITIONER INFORMATION				
a. NAME (Last, First, Middle Initial)		b. SSN		c. DATE OF BIRTH (YYYYMMDD)
d. NAME OF PROFESSIONAL SCHOOL ATTENDED		e. DATE GRADUATED (YYYYMMDD)		f. SPECIALTY CODE
g. STATUS (X one)				
<input type="checkbox"/> (1) Army <input type="checkbox"/> (3) Air Force <input type="checkbox"/> (5) Civilian GS <input type="checkbox"/> (7) Partnership External <input type="checkbox"/> (9) Non-Personal Services Contract <input type="checkbox"/> (2) Navy <input type="checkbox"/> (4) PHS <input type="checkbox"/> (6) Partnership Internal <input type="checkbox"/> (8) Personal Services Contract				
h. SOURCE OF ACCESSION (X all that apply)				
(1) Military (2) Civilian				
<input type="checkbox"/> (a) Volunteer <input type="checkbox"/> (d) National Guard <input type="checkbox"/> (a) Civil Service <input type="checkbox"/> (d) Foreign National (Local Hire) <input type="checkbox"/> (b) Armed Forces Health Professional Scholarship Program <input type="checkbox"/> (e) Reserve <input type="checkbox"/> (b) Contracted <input type="checkbox"/> (e) Other (Specify) <input type="checkbox"/> (c) Uniformed Services University of Health Sciences <input type="checkbox"/> (f) Other (Specify) <input type="checkbox"/> (c) Consultant				
S A M P L E				
i. LICENSING INFORMATION				
(1) State of License		(2) License Number		(1) State of License
				(2) License Number
9. TYPE OF PRACTITIONER AND SPECIALTY (FIELD OF LICENSURE) (X all that apply)				
a. PHYSICIAN DEGREE		M.D. (010) D.O. (020)		
(1) Highest Level of Specialization				
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (c) In Residency (015/025) <input type="checkbox"/> (d) No Residency				
(2) Primary Specialty				
<input type="checkbox"/> (a) In Training <input type="checkbox"/> (h) Internal Medicine (Cont.) <input type="checkbox"/> (i) Otorhinolaryngology <input type="checkbox"/> (t) Surgery, General (Cont.) <input type="checkbox"/> (b) General Practice (GMO) <input type="checkbox"/> (h.c) Infectious Disease <input type="checkbox"/> (m) Orthopedics <input type="checkbox"/> (t.d) Oncology <input type="checkbox"/> (c) Anesthesiology <input type="checkbox"/> (h.d) Nephrology <input type="checkbox"/> (n) Pathology <input type="checkbox"/> (t.e) Pediatric <input type="checkbox"/> (d) Aviation Medicine <input type="checkbox"/> (h.e) Pulmonary <input type="checkbox"/> (o) Pediatrics <input type="checkbox"/> (t.f) Peripheral Vascular <input type="checkbox"/> (e) Dermatology <input type="checkbox"/> (h.f) Rheumatology <input type="checkbox"/> (p) Physical Medicine <input type="checkbox"/> (t.g) Plastic <input type="checkbox"/> (f) Emergency Medicine <input type="checkbox"/> (h.g) Tropical Medicine <input type="checkbox"/> (q) Preventive Medicine <input type="checkbox"/> (u) Underseas Medicine <input type="checkbox"/> (g) Family Practice <input type="checkbox"/> (h.h) Allergy/Immunology <input type="checkbox"/> (r) Psychiatry <input type="checkbox"/> (v) Urology <input type="checkbox"/> (h) Internal Medicine <input type="checkbox"/> (h.i) Cardiology <input type="checkbox"/> (s) Radiology <input type="checkbox"/> (w) Intensivist <input type="checkbox"/> (h.a) Gastroenterology <input type="checkbox"/> (h.j) Endocrinology <input type="checkbox"/> (t) Surgery, General <input type="checkbox"/> (x) Neonatologist <input type="checkbox"/> (h.b) Hematology - Oncology <input type="checkbox"/> (i) Neurology <input type="checkbox"/> (t.a) Cardio-Thoracic <input type="checkbox"/> (y) Other (Specify) <input type="checkbox"/> (j) Obstetrics/Gynecology <input type="checkbox"/> (t.b) Colon-Rectal <input type="checkbox"/> (k) Ophthalmology <input type="checkbox"/> (t.c) Neurosurgery				
(3) Board Certification(s)				
b. DENTIST DENTIST (030)				
(1) Highest Level of Specialization				
<input type="checkbox"/> (a) Board Certified <input type="checkbox"/> (c) In Residency (035) <input type="checkbox"/> (2) Primary Specialty <input type="checkbox"/> (a) General Dental Officer <input type="checkbox"/> (c) Other (Specify) <input type="checkbox"/> (b) Residency Completed <input type="checkbox"/> (d) No Residency <input type="checkbox"/> (b) Oral Surgeon				
(3) Board Certification(s)				
c. OTHER PRACTITIONERS				
OTHER PRACTITIONERS				
<input type="checkbox"/> Audiologist (400) <input type="checkbox"/> Nurse Anesthetist (110) <input type="checkbox"/> Optometrist (636) <input type="checkbox"/> Registered Nurse (100) <input type="checkbox"/> Clinical Dietician (200) <input type="checkbox"/> Nurse Midwife (120) <input type="checkbox"/> Physical Therapist (430) <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Clinical Pharmacist (050) <input type="checkbox"/> Nurse Practitioner (130) <input type="checkbox"/> Physician Assistant (642) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Clinical Psychologist (370) <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Podiatrist (350) <input type="checkbox"/> Clinical Social Worker (300) (410) <input type="checkbox"/> Speech Pathologist (450)				

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10. PATIENT DEMOGRAPHICS					
a. NAME (Last, First, Middle Initial)		b. SEX (X one) <input type="checkbox"/> (1) Male <input type="checkbox"/> (2) Female <input type="checkbox"/> (3) Unknown		c. AGE	
d. STATUS (X and complete as applicable)				e. SSN OF SPONSOR	
<input type="checkbox"/> (1) Dependent of Active Duty		<input type="checkbox"/> (3) Retired Member		<input type="checkbox"/> (5) Active Duty	
<input type="checkbox"/> (2) Dependent of Retired Member		<input type="checkbox"/> (4) Civilian Emergency		<input type="checkbox"/> (6) Other (Specify)	
11. DIAGNOSES		ICD9-CM CODE		12. PROCEDURES	
a. (Primary)				a. (Principal)	
b.				b.	
c.				c.	
13. PATIENT ALLEGATION(S) OF NEGLIGENT CARE					
a. DESCRIPTION OF THE ACTS OR OMISSIONS AND INJURIES UPON WHICH THE ACTION OR CLAIM WAS BASED (Limit to 300 characters.)					
<h1>SAMPLE</h1>					
b. ACT OR OMISSION CODE(S) (Refer to table on Page 4)				c. CLINICAL SERVICE CODE	
<input type="checkbox"/> (1) Primary Act or Omission Code		<input type="checkbox"/> (2) Additional Act or Omission Code		<input type="checkbox"/> (1) Primary	
<input type="checkbox"/> (3) Additional Act or Omission Code		<input type="checkbox"/> (4) Additional Act or Omission Code		<input type="checkbox"/> (2) Secondary	
<input type="checkbox"/> (5) Additional Act or Omission Code		<input type="checkbox"/> (6) Additional Act or Omission Code		<input type="checkbox"/> (3) Tertiary	
d. DESCRIPTION OF FINDINGS ON WHICH THE ACTION OR CLAIM WAS PAID					
14. MALPRACTICE CLAIM MANAGEMENT					
a. AMOUNT CLAIMED		b. ADJUDICATIVE BODY CASE NUMBER		c. ADJUDICATIVE BODY NAME	
				d. DATE OF PAYMENT (YYYYMMDD)	
e. OUTCOME (X one)					
<input type="checkbox"/> (1) Administratively Settled (Service)		<input type="checkbox"/> (3) Denied: Statute of Limitations		<input type="checkbox"/> (6) Litigated: Decision for Plaintiff	
<input type="checkbox"/> (2) Denied: Dismissed by Plaintiff or by Agreement		<input type="checkbox"/> (4) Denied: FERES		<input type="checkbox"/> (7) Litigated: Decision for U.S.	
		<input type="checkbox"/> (5) Denied: Not a Legitimate Claim, Non-Meritorious		<input type="checkbox"/> (8) Litigated: Out of Court Settlement (DOJ)	
				<input type="checkbox"/> (9) Other (Specify)	
f. AMOUNT PAID		g. NUMBER OF CLAIMS FOR THIS INCIDENT		h. NUMBER OF PRACTITIONERS ON WHOSE BEHALF PAYMENT WAS MADE	

15. PROFESSIONAL REVIEW ASSESSMENT BY MEDICAL TREATMENT FACILITY									
a. ATTRIBUTION OF CAUSE (X all that apply)					b. EVALUATION OF CARE (X one)				
<input type="checkbox"/> (1) Facility or Equipment	<input type="checkbox"/> (2) Physician	<input type="checkbox"/> (3) Personnel other than Physician			<input type="checkbox"/> (1) Met	<input type="checkbox"/> (2) Not Met			
<input type="checkbox"/> (4) Management	<input type="checkbox"/> (5) System				<input type="checkbox"/> (3) Indeterminate				
c. IDENTIFY LOCATION OF CARE (X one)									
<input type="checkbox"/> (1) Ambulatory Clinic	<input type="checkbox"/> (2) Inpatient Clinic	<input type="checkbox"/> (3) Dental Service	<input type="checkbox"/> (4) Emergency	<input type="checkbox"/> (5) Other (Specify)					
d. INJURY SEVERITY (X one)					e. INJURY DURATION (X one)				
<input type="checkbox"/> (1) None	<input type="checkbox"/> (2) Some	<input type="checkbox"/> (3) Death			<input type="checkbox"/> (1) Temporary	<input type="checkbox"/> (2) Permanent	<input type="checkbox"/> (3) Cannot Predict/Undetermined		
16. ASSESSMENT									
a. AFIP REQUIRED?					b. OTHER ASSESSMENTS				
<input type="checkbox"/> YES <input type="checkbox"/> NO (Evaluation of Care, X one)					<input type="checkbox"/> (1) Met <input type="checkbox"/> (2) Not Met <input type="checkbox"/> (3) Indeterminate				
(1) UCA or Name					<input type="checkbox"/> (1) Met <input type="checkbox"/> (2) Not Met <input type="checkbox"/> (3) Indeterminate				
(1) UCA or Name					<input type="checkbox"/> (1) Met <input type="checkbox"/> (2) Not Met <input type="checkbox"/> (3) Indeterminate				
(1) UCA or Name					<input type="checkbox"/> (1) Met <input type="checkbox"/> (2) Not Met <input type="checkbox"/> (3) Indeterminate				
(1) UCA or Name					<input type="checkbox"/> (1) Met <input type="checkbox"/> (2) Not Met <input type="checkbox"/> (3) Indeterminate				
c. FINAL OTSG DETERMINATION ACT OR OMISSION CODE(S) (Refer to table on Page 4)									
<input type="checkbox"/> (1) Primary Act or Omission Code		<input type="checkbox"/> (2) Additional Act or Omission Code		<input type="checkbox"/> (1) Primary					
<input type="checkbox"/> (3) Additional Act or Omission Code		<input type="checkbox"/> (4) Additional Act or Omission Code		<input type="checkbox"/> (2) Secondary					
<input type="checkbox"/> (5) Additional Act or Omission Code		<input type="checkbox"/> (6) Additional Act or Omission Code		<input type="checkbox"/> (3) Tertiary					
17. STANDARD OF CARE (OTSG DETERMINATION) (X one)				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		18. NPDB REPORTED			
						<input type="checkbox"/> YES <input type="checkbox"/> NO			
19. REMARKS									

20. ACT OR OMISSION CODES		*NOC = Not Otherwise Classified
<u>DIAGNOSIS RELATED</u> 010 Failure to diagnose (i.e., concluding that patient has no disease or condition) 020 Wrong diagnosis (misdiagnosis, i.e., original diagnosis is incorrect) 030 Improper performance of test 040 Unnecessary diagnostic test 050 Delay in diagnosis 060 Failure to obtain consent/lack of informed consent 090 Diagnosis related (NOC)*		<u>OBSTETRICS RELATED</u> 505 Failure to manage pregnancy 510 Improper choice of delivery method 520 Improperly performed vaginal delivery 525 Improperly performed C-section 530 Delay in delivery (induction or surgery) 540 Failure to obtain consent/lack of informed consent 550 Improperly managed labor (NOC)* 555 Failure to identify/treat fetal distress 560 Delay in treatment of fetal distress (i.e., identified but treated in untimely manner) 570 Retained foreign body/vaginal/uterine 580 Abandonment 590 Wrongful life/birth 590 Obstetrics related (NOC)*
<u>ANESTHESIA RELATED</u> 110 Failure to complete patient assessment 120 Failure to monitor 130 Failure to test equipment 140 Improper choice of anesthesia agent or equipment 150 Improper technique/induction 160 Improper equipment use 170 Improper intubation 180 Improper positioning 185 Failure to obtain consent/lack of informed consent 190 Anesthesia related (NOC)*		<u>TREATMENT RELATED</u> 610 Failure to treat 620 Wrong treatment/procedure performed (also improper choice) 630 Failure to instruct patient on self care 640 Improper performance of a treatment/procedure 650 Improper management of course of treatment 660 Unnecessary treatment 665 Delay in treatment 670 Premature end of treatment (also abandonment) 675 Failure to supervise treatment/procedure 680 Failure to obtain consent for treatment/lack of informed consent 685 Failure to refer/seek consultation 690 Treatment related (NOC)*
<u>SURGERY RELATED</u> 210 Failure to perform surgery 220 Improper positioning 230 Retained foreign body 240 Wrong body part 250 Improper performance of surgery 260 Unnecessary surgery 270 Delay in surgery 280 Improper management of surgical patient 285 Failure to obtain consent for surgery/lack of informed consent 290 Surgery related (NOC)*		<u>MONITORING</u> 710 Failure to monitor 720 Failure to respond to patient 730 Failure to report on patient condition 790 Monitoring related (NOC)*
<u>MEDICATION RELATED</u> 305 Failure to order appropriate medication 310 Wrong medication ordered 315 Wrong dosage ordered of correct medication 320 Failure to instruct on medication 325 Improper management of medication program 330 Failure to obtain consent for medication/lack of informed consent 340 Medication error (NOC)* 350 Failure to medicate 355 Wrong medication administered 360 Wrong dosage administered 365 Wrong patient 370 Wrong route 380 Improper technique 390 Medication administration related (NOC)*		<u>BIOMEDICAL EQUIPMENT/PRODUCT RELATED</u> 810 Failure to inspect/monitor 820 Improper maintenance 830 Improper use 840 Failure to respond to warning 850 Failure to instruct patient on use of equipment/product 860 Malfunction/failure 890 Biomedical equipment/product related (NOC)*
<u>INTRAVENOUS AND BLOOD PRODUCTS RELATED</u> 410 Failure to monitor 420 Wrong solution 430 Improper performance 440 IV related (NOC)* 450 Failure to insure contamination free 460 Wrong type 470 Improper administration 480 Failure to obtain consent/lack of informed consent 490 Blood product related (NOC)*		<u>MISCELLANEOUS</u> 910 Inappropriate behavior of clinician (i.e., sexual misconduct allegation, assault) 920 Failure to protect third parties (i.e., failure to warn/protect from violent patient behavior) 930 Breach of confidentiality/privacy 940 Failure to maintain appropriate infection control 950 Failure to follow institutional policy or procedure 960 Other (Provide detailed written description) 990 Failure to review provider performance